

## **Statement of Understanding** **Income Eligible/Training-Employed Child Care Assistance**

I understand to be eligible for child care assistance for the hours I attend education/training I must meet the following criteria:

1. I must be engaged in paid employment for a minimum of 15 hours per week. If self-employment, child care plans will be terminated after 6 months if I am not working a minimum of 15 hours per week and earning the equivalent of the federal minimum wage per hour.
2. My education/training meets the following criteria - skill specific and/or will create greater earning potential upon completion. DCF will not provide child care assistance for me to complete a bachelor's degree unless I will complete the program within 24 months. My occupational goal must have at least an average job outlook according to the United States Department of Labor (USDOL). If the occupational outlook according to the USDOL is below average and I do not have a specific job offer that is available upon completion of my program (verification required), DCF will not provide child care unless a DCF supervisor approves the plan\*. Worker will request this approval if needed.
3. I must maintain a minimum GPA of 2.0 on a 4.0 scale or its equivalent in another grading system. Grades/progress shall be verified within 30 days of the end of each school term.
4. I understand that I must report the following changes in circumstances to the agency within 10 days: changes in income, household composition, address, living arrangements, choice of child care provider, hours of child care needed, discontinuance or change in my educational plan.

FAILURE TO RETURN THIS COMPLETED AND SIGNED FORM WILL RESULT IN NO  
ADDITIONAL HOURS BEING APPROVED FOR EDUCATION/TRAINING.

My occupational goal is:	Occupational Outlook: (Agency Use)
Estimated date of completion of degree or certificate:	_____ Average or above
	_____ Below average (*supervisory approval required)

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor  
(\*required if occupational outlook is below average  
and client does not have a specific job offer)

\_\_\_\_\_  
Date

This form supersedes form ES-1640, dated 12-11 and should be reproduced locally.